

**Center for Health Information and Analysis  
Public Records Request Form**



**Email, fax or mail completed form to:**

Center for Health Information and Analysis  
Public Records  
Two Boylston Street, Boston, MA 02116-4704

**Email:** public.records@state.ma.us

**Fax:** (617) 727-7662

**Phone:** (617) 988-3105

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**Please note:** CHIA fulfills public records requests by releasing data in the form in which it is currently held by CHIA. CHIA does not perform individualized analyses nor does CHIA tailor the format or presentation of data in response to specific inquiries.

**Please check the type of record(s) you are requesting:**

**Cost Report:**

\_\_\_\_\_ Adult Day Health  
\_\_\_\_\_ Community Health Center  
\_\_\_\_\_ Hospital  
\_\_\_\_\_ Nursing Facility (HCF-1)  
\_\_\_\_\_ Nursing Facility Realty Company (HCF-2)  
\_\_\_\_\_ Nursing Facility Management Company (HCF-3)  
\_\_\_\_\_ Nursing Service Report  
\_\_\_\_\_ Resident Care Facility (HCF-4)

**Database:**

\_\_\_\_\_ Hospital Cost Report Data (\$25.00)  
\_\_\_\_\_ Nursing Facility Cost Report Data (\$25.00)  
  
\_\_\_\_\_ Audited Financial Statement (Hospitals)  
\_\_\_\_\_ Charge Book (Hospital)  
\_\_\_\_\_ Regulations/Public Hearings/Testimony

Other (Please Specify) \_\_\_\_\_  
\_\_\_\_\_

**To request multiple records, please list records in alphabetical order and specify year (attach additional sheet if necessary):**

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- \_\_\_\_\_

Contact Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Fax # \_\_\_\_\_ TIN \_\_\_\_\_

(Tax Identification No for billing purposes)